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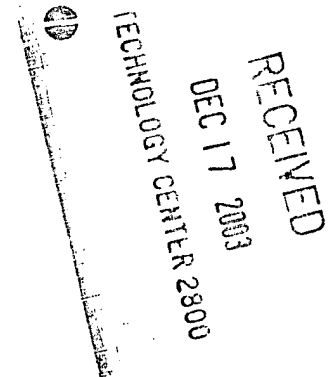
03500.015701.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: Edgardo Ortiz
KOJI ONO)
: Group Art Unit: 2815
Appln. No.: 09/938,571)
: Filed: August 27, 2001)
: For: SOLID-STATE IMAGE PICKUP)
: DEVICE : December 9, 2003

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



AMENDMENT

Sir:

In response to the Office Action mailed September 9, 2003, please amend the above-identified application as follows. Amendments to the claims are reflected in the listing beginning at page 2, and the Remarks begin at page 11.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

December 9, 2003.

(Date of Deposit)

LEONARD P. DIANA (Reg. No. 29,296)

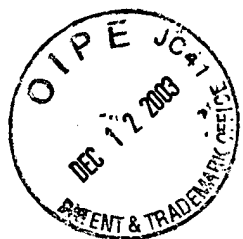
(Name of Attorney for Applicants)

Leonard P. Diana

Signature

December 9, 2003

Date of Signature



2815

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In re Application of:

Docket No.: 03500.015701.

KOJI ONO

Appln. No.: 09/938,571

Examiner: Edgardo Ortiz

Filed: August 27, 2001

Group Art Unit: 2815

For: SOLID-STATE IMAGE PICKUP DEVICE

Date: December 9, 2003

Mail Stop Non-Fee Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

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Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 13	MINUS	** 20	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 2	MINUS	*** 3	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$145°/\$290						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

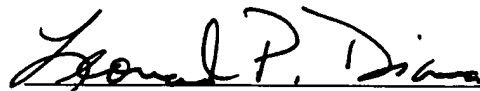
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

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- ☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$____ is enclosed.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Patent and Trademark Office is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$____ to cover the Extension fee for response with a ____-month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York Office by telephone at (212) 218-2100 or by facsimile at (212) 218-2200. All correspondence should continue to be directed to our address given below.



Attorney for Applicant
Leonard P. Diana
Reg. No.: 29,296

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